Check here if you are a: [Ziu.S., Citizen Permanent Resident Inot a U.S., Citizen If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card. Country of Dual or Secondary Citizenship (if applicable):	ent Resident □Not a U.S. (An a copy of an unexpired Per nship (if applicable):		Country of Citizenship (For non-U.S. Citizens and Permanent Residents): Country of Birth (For non-U.S. Citizens and Permanent Residents):	s. Citizens and Per ens and Permaner	rmanent Residents): nt Residents):
Non-U.S. citizens: Do you hold a curent U.S. immigration visas? (Nonresident aliens must submit Form W-8BEN and a copy of a cu Number Attachment to Form W-8" [Form TDA! 835].)	ent U.S. immigration visa? W-8BEN and a copy of a curre m TDAI 835].)	☐Yes ☐No Specify ent passport. If a U.S. addi	Non-U.S. citizens: Do you hold a current U.S. immigration visa? TYes TNo Specify visa type: (Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address!U.S. Phone Number Attachment to Form W-8" From TDA! 835].	Visa Number: ed "Letter of Explanation fo	Expiration: or U.S. Mailing Address/U.S. Phone
Check here if you, your spouse, o directors, 10% shareholder, or po	n any immediate family men licy-making officer of a publi	ber living in your house cly traded company. Sp	Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, incher symbol, address, city, and state:	lings, and dependents)	ents) is a member of the board of and state:
Check here if you, your spouse, or any immediate family m associated with, a broker-dealer firm, a financial services re provide a copy of the required authorization letter (with this large and the provided and the provided of the completed the provided to be completed.	or any immediate family men irm, a financial services regu thorization letter (with this at the completed fr	ember living in your househ agulator, securities exchang application): for Minors, in Minor	Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter (with this application): It is securified a copy of the required authorization letter (with this application):	olings, and dependi ange. If checked, p	ents) is licensed, employed by, or blease specify entity below, and
Annual income:		\$25,000 - 49,999	850,000 - 99,999	\$100,000 - 249,999	49,999
Approximate net worth: (not including primary residence)	\$250,000 - 499,999	\$15,000 - 49,999	\$50,000 - 99,999	\$100,000 - 249,999 \$2,000,000+	49,999
What best describes the initial source of funds for this account?	Employment/Wages Inheritance/Trust Lottery/Gambling	Retirement Funds Investments Spousal/Parental S	☑Retirement Funds ☐Gift ☐Savings ☐Seavings ☐Unvestments ☐Unemployment/Disability ☐Legal Settlement ☐Spousal/Parental Support ☐Other (describe source of funds):	Savings / Legal Settlen	nent
What best describes the ongoing source of funds for this account?	Employment/Wages Inheritance/Trust	Retirement Funds Investments	Retirement Funds Gift Savings Investments Unemployment/Disability Legal Settlement Sinnant Other (describe source of funds):	Savings / Legal Settlen	ment
JOINT ACCOUNT OWNER: First Name:		NFORMATION B		ACCOUNT OV	OWNER OR CUSTODIAN
Adrian Estate Name:			Brideau Security Number/Estate Tay ID	Ġ	Date of Birth:
Lotate Name.			523-80-7340	× IC.	5/25/1953
7303) (no PO box	\Box Check here if this is ng a Us, phone number. $QQS - ZOGI$ (M) Ses):	a U.S. phone number.	Secondary Telephone Number: 303 995 7061	☐ Check here	☐ Check here if this is not a U.S. phone number.
City: Pine			State:		ZIP Code:
Mailing Address (if different from above)	ove):		3		
City:			State:		ZIP Code:
Please specify if you are: Employed Self-employed Unemployed Retired Hemployer Retired Hemployer Employer Name (if self-employed, please provide the name of your business)	loyed Unemployed [Z]Retired olease provide the name of your bus	Refired Homemaker Student	r 🛮 Student		
Please choose the occupation and Occupation:	industry of occupation code	that most accurately de	Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided Occupation:	provided on page 6	9.
Employer Street Address:					
City:			State:		ZIP Code:
Check here if you are a: [2] U.S. Citizen [3] U.S. Citizen If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card.	Permanent Resident Not a U.S. please attach a copy of an unexpired Pe	Citizen ermanent Resident card.	Country of Citizenship (For non-U.S. Citizens and Permanent Residents)	S. Citizens and Pe	ermanent Residents):
Country of Dual or Secondary Citizenship (if applicable)	enship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):	zens and Permane	ent Residents):
Non-U.S. citizens: Do you hold a cur (Nonresident aliens must submit Form Number Attachment to Form W-8" [Fo	rrent U.S. immigration visa? • W-8BEN and a copy of a cun vm TDAI 835[.)	Yes No Specifent passport. If a U.S. add	Non-U.S. citizens: Do you hold a current U.S. immigration visa? Tyes Nos Specify visa type: Visa Number Expiration: Expiration: Expiration: Expiration: Expiration: Phone Number Attachment to Form W-8" From TDAI 835).	Number: etter of Explanation t	Expiration: for U.S. Mailing Address/U.S. Phone
Check here if you, your spouse, directors, 10% shareholder, or p	or any immediate family me olicy-making officer of a pub	mber living in your hous licly traded company. S	Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, ticker symbol, address, city, and state:	iblings, and depend mbol, address, city	dents) is a member of the board of y, and state:
Check here if you, your spouse, associated with, a broker-dealer	or any immediate family me firm, a financial services reg	mber living in your hous gulator, securities excha	Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is licensed, employed by, associated with, a broker-deather firm, a financial services regulation, securities exchange, or member of a securities exchange. If checked, please specify entity below, and associated with this controlline that the controlline of the control	iblings, and dependange. If checked,	is licensed, employed by, or please specify entity below, and
אוטאוטפ פ ניסף טי נופ ופקעוויניע פו	מווסוולמווסוו ופגופו (יאונוו נוויס כ	ippiicauor <i>ij.</i>			

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